

Substitute for form 1449/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/586,406
<i>(Use as many sheets as necessary)</i>				Filing Date	May 31, 2007
				First Named Inventor	Okabe, Ayako
				Art Unit	1647
				Examiner Name	Stoica, Elly Gerald
Sheet	1	of	1	Attorney Docket Number	082368-008400US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
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FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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					<input type="checkbox"/> T ⁶

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			<input type="checkbox"/> T ²
	1	MARTINEZ, C., et al., "Anti-inflammatory role in septic shock of pituitary adenylylate cyclase-activating polypeptide receptor," <u>PNAS</u> , Vol. 99(2), pp. 1053-1058 (Jan 22, 2002)			<input type="checkbox"/>
					<input type="checkbox"/>

Examiner Signature		Date Considered
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¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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